

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031550

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 49

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton		c. CITY OR TOWN Camdenton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parish Subdivision		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alice Middle Arnyssia Last Parish		4. DATE OF DEATH Month August Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/25/36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 26
11a. FATHER'S NAME Walter E. Bishop		11b. MOTHER'S MAIDEN NAME Velva Adams	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT James H. Parish		Address Camdenton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cor Pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Massive Pulmonary Embolism DUE TO (b) Pelvic Vein Thrombosis DUE TO (c) Approx. 4 days		INTERVAL BETWEEN ONSET AND DEATH Immediate Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - Month - Day - Year - a.m. - p.m. -	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Camdenton, Mo.	
21. I attended the deceased from 1959 to Present and last saw her alive on 8-10-63 Death occurred at 845 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8-11-63	
22a. SIGNATURE [Signature] (Degree or title) J. M.D.		22b. ADDRESS Camdenton, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/13/63	23c. NAME OF CEMETERY OR CREMATORY Dale Blair Cemetery	23d. LOCATION (City, town, or county) (State) Camdenton, Missouri
24. FUNERAL DIRECTOR Walter Hedges ADDRESS Camdenton, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 12-1963	
		26. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 **0150**
2 **0150**
3 **2**
4 **1**
5 **1**
6
7 **0**
8 **2**
9466X
10
11
12 **90-0**
13 **2-0**

AUG 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William P. Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.